



UTAH STATE FIRE MARSHAL'S OFFICE

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FIRE AND LIFE SAFETY PLAN REVIEW SUBMITTAL FORM

PROJECT DESCRIPTION: _____

LOCATION (Address & City): _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

Expected Completion Date: _____ Expected 70% Completion Date: _____

Description Of Occupancy: _____

Licensed As Health Care? _____ Type Of Occupancy (IBC): _____

Number of Stories: _____ Height Of Structure: _____ ft. Construction Type (IBC): _____

Total Square Footage: _____ Allowable Square Footage: _____

Fire Sprinklers Required? _____ Basis: _____

Water Supply Data: Flow _____ (GPM) Static _____ (psi) Residual _____ (psi)

Date Of Test: _____ Available Fire Flow: _____ GPM at 20 psi.

NOTE: Water Supply Analysis must be included with submittal before the review process can originate.
The following items **must** be submitted **electronically, or they will not be accepted for review. Send to planreviews@utah.gov**. Check the appropriate box which indicates the items that are enclosed:

- | | |
|---|---|
| <input type="checkbox"/> Engineer Water Supply Analysis | <input type="checkbox"/> Finish schedules |
| <input type="checkbox"/> Architectural Plans | <input type="checkbox"/> Door and Window schedules |
| <input type="checkbox"/> Electrical Plans | <input type="checkbox"/> Hardware Schedule |
| <input type="checkbox"/> Fire Protection Plans | <input type="checkbox"/> Hardware Cut Sheets |
| <input type="checkbox"/> Mechanical Plans | <input type="checkbox"/> 8-1/2" x 11" or 11" x 17" Key Plan |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Other: _____ |

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Plan No. _____ Date Rec'd _____ Time Rec'd _____ Rec'd by _____